Eligibility Verification

- Online, through the Montana Access to Health (MATH) Web Portal
- 2. Integrated Voice Response (IVR) 1-800-714-0060
- 3. FaxBack 1-800-714-0075
- 4. Medifax Swipe Card Technology
- 5. Provider Relations 1-800-624-3958



Montana Access to Health (MATH) Web Portal

- From Provider Information web page www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Active providers
- Secure website





Montana Access to Health Web Portal Home Page

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current Montana Access to Health Web Portal profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

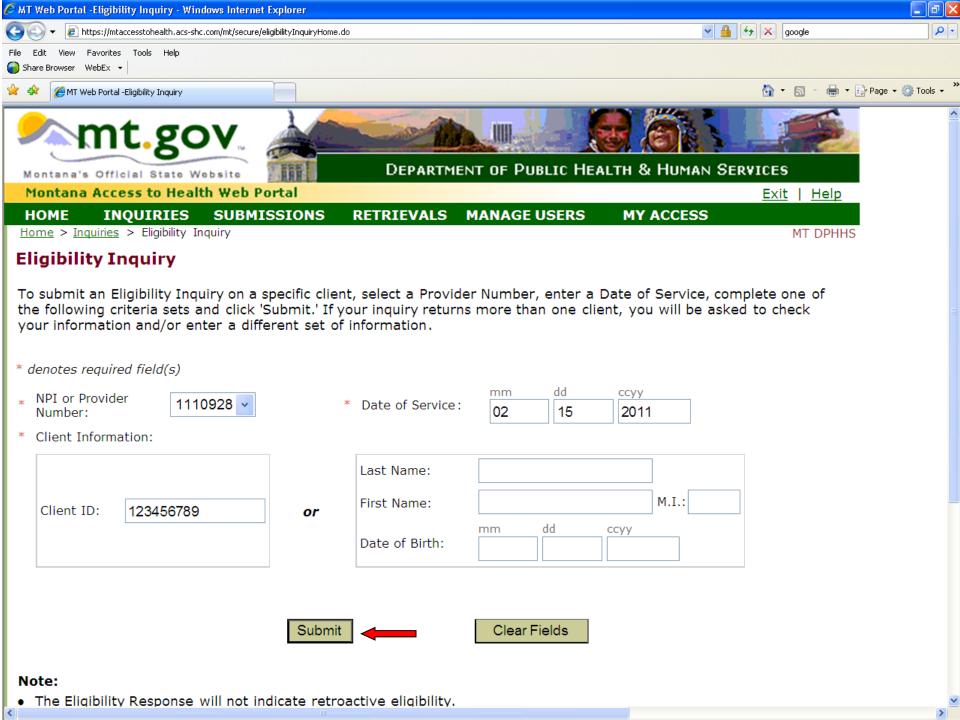
Site Contents

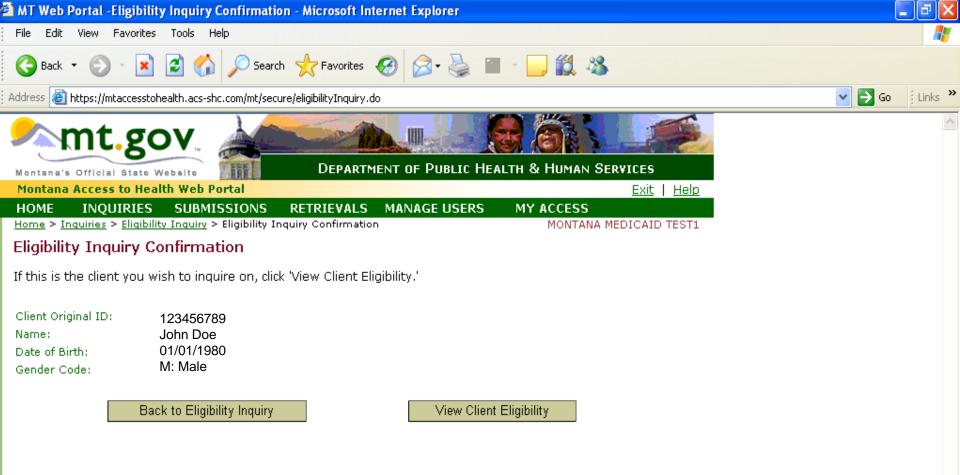
Provider Locator

Inquiries	Submissions	Retrievals	Manage Users	My Access
<u>Eligibility</u>	<u>Upload Files</u>	View/Download Files	Add New User to Organization	My Profile
<u>Claim</u> tatus		View e!SOR Reports	Add Existing User to Organization	Change Organization
Provent Summary		My Inbox	Update or Remove Users/Reset Password	<u>Change Password</u>
Claims-L Medical History			Manage Submitter IDs	Manage Proxies
Electronic he Record				
Ask Provider Relations				

ATTENTION PROVIDERS: The Electronic Health Record link has been added to allow you to view your patients' claims medical history. If you need this access and do not have it, please contact your office administrator. E-prescribing is now available. Please contact your office administrator to add prescribing rights to your user account.

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.





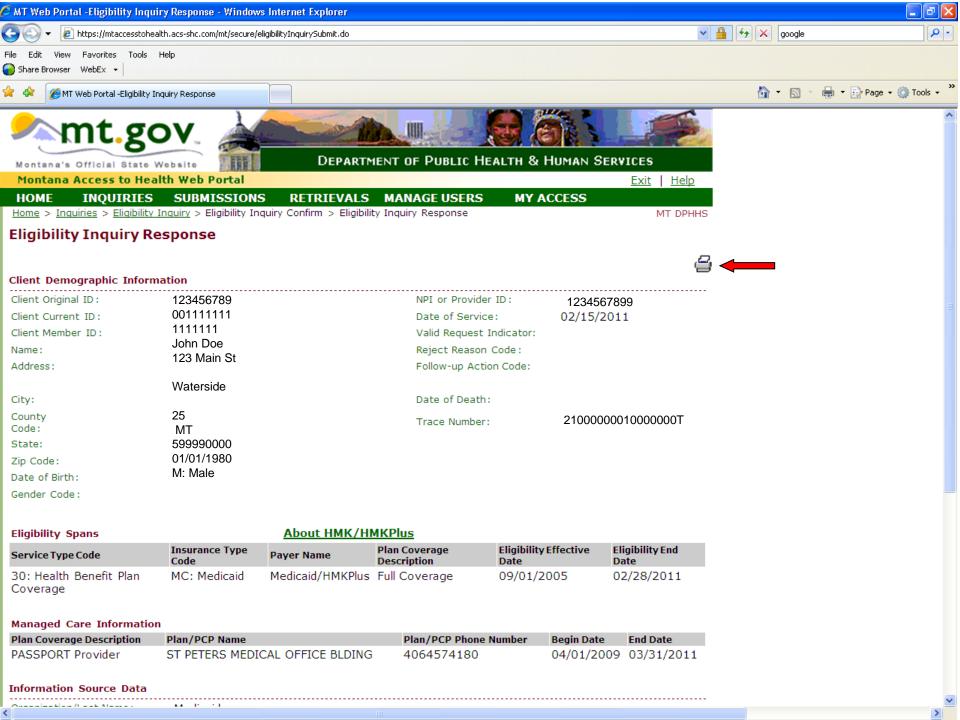
For assistance, visit Help or contact the Montana Access to Health Web Portal Help Center at 1-800-624-3958. Site last modified: 2006.02.16

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Go to top of page







Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by client SSN
- Press 2 to search by client card number
- Access one client at a time
 - Multiple clients within phone call



FaxBack

- 1-800-714-0075
- Response within 10 minutes
- Paper verification
- TPL information located on page 2



From Montana MMIS Page 1 of 2

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM **FAXBACK REQUEST RESPONSE**

Provider Services Phone:

1-800-624-3958

Total Pages Transmitted:

2

To: Provider ID/NPI: ACS 1110889

Provider Phone:

0000000000

Provider Fax:

Date of Service:

4064422819

Input Information

Client ID:

Date of Birth:

01272004

07192012

Card Control Number:

1111232

Transaction Response

Audit No.:

201220111373313FM

Client Name:

DOE, JOHN

Mcaid/HMKPlus:

Υ

1111232

Client Gender: Date of Death:

М 00000000 Card Control Number: Date of Birth:

01272004

Original ID:

Current ID:

111331111

HMK/CHIP: Medicare #:

Ν 0000000000

Part-A/B:

N/N Ν

No. of TPLs:

01

Nursing-Home:

Incurment Day:

Waiver:

Ν

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:

From: Montana MMIS Page 2 of 2

Current Third Party Liability (TPL) Coverage

Carrier Name: PREMERA BC Carrier Code: K85

Address: POBOX 91059 SEATTLE, WA

98111-9159

Begin Date: 20110401 End Date: 20991231 Policy #: Group #: 9002235

311113111

Subscriber Name: DOE Subscriber Initial: R

Subscriber SSN:

Medifax Services

Swipe technology – magnetic strip reader

- Available 24/7
- Paper documentation
- Batch capability
- Fee for service



Provider Relations

- 1-800-624-3958 or 1-406-442-1837
- Hours 8 a.m. 5 p.m. Mountain Time
- Monday through Friday



Types of Coverage

- Full and Basic Medicaid
- Healthy Montana Kids/Healthy Montana Kids Plus
- Mental Health Services Plan (MHSP)
- Third Party Liability (TPL)
- Qualified Medicare Beneficiaries
- Specified Low-Income Medicare Beneficiaries
- Qualifying Individual
- Passport
- PRTF



Other Things to Verify

Coverage of Codes

- Fee
 - Found at <u>www.mtmedicaid.org</u>
 - Resources by Provider Type
 - What you will see



Questions?

